

(1) PLACE OF BIRTH

County of

Langston

Township of

N. 7. upprunecun

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *2146* Registered No. *56*
(For use of Local Registrar)

(2) Full Name of Child

Julia Picket

File No.—For State Registrar Only

72854

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

Aug. 9, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ezibel Picket

(9) PRESENT POSTOFFICE OF FATHER

Murrells Bluff

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Barrel Hill S.C.

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

3

MOTHER.

(14) NAME BEFORE MARRIAGE

E. Waise

(15) PRESENT POSTOFFICE OF MOTHER

Murrells Bluff S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

Brooklyn S.C.

(19) OCCUPATION

Housekeeping

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *7:00 P.* M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

Sarah Green

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Murrells Bluff

Given name added from a supplemental report

*Aug. 9, 1914**A. N. Schucutt*

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Aug. 9, 1914

(28)

M. O. Brown Sub.

Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.